

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street) ▼

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00039578

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer

Ken A. Crerar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		623070.37
(b) Cash on Hand at Beginning of Reporting Period.....	637561.89	
(c) Total Receipts (from Line 19)	92453.86	417201.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	730015.75	1040272.18
7. Total Disbursements (from Line 31)	95244.69	405501.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	634771.06	634771.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
06 01 2014

To:

M M / D D / Y Y Y Y Y
06 30 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

72504.25

358043.52

(ii) Unitemized

9949.61

44158.29

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

82453.86

402201.81

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

87453.86

412201.81

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►**

92453.86

417201.81

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

92453.86

417201.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3744.69	10401.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3744.69	10401.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	91500.00	395100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	95244.69	405501.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95244.69	405501.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	87453.86	412201.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87453.86	412201.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3744.69	10401.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3744.69	10401.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 81
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Arnie Waldman

Mailing Address 111 Express St

City
Plainview

State
NY

Zip Code
11803-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBS Coverage Group, Inc. (AssuredPartn

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 37200715

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. J. Michael Brewer

Mailing Address 7881 Howe Cir

City

Prairie Village

State

KS

Zip Code

66208-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lockton , Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 37200717

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. Reagan M Crawford

Mailing Address 200 International Cir Ste 4500

City

Hunt Valley

State

MD

Zip Code

21030-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crawford Advisors, LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 37200719

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 81
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Regina Vetere

Mailing Address 111 Express St

City State Zip Code
 Plainview NY 11803-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CBS Coverage Group, Inc. (AssuredPartn

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 37200736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Natale P Calamis

Mailing Address 180 Shadow Brook Drive

City State Zip Code
 Warwick RI 02886-9556

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Starkweather & Shepley Ins. Brokerage,

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205733

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerald M Levy

Mailing Address 192 Sagamore Dr

City State Zip Code
 Plainview NY 11804

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CBS Coverage Group, Inc. (AssuredPartn

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205735

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 OF 81
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Charles Brophy

Mailing Address 13 Old Planters Rd

City State Zip Code
 Beverly MA 01915-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hub International New England

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 37205736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard A Gulliver

Mailing Address 2748 N. Lakewood
 3

City State Zip Code
 Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hub International Limited (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205737

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter S Gruenberg

Mailing Address 17 Old Dutch Rd

City State Zip Code
 Warren NJ 07059-7162

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Digital Insurance, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205738

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. SueAnn V Schultz

Mailing Address 22661 S Stanley Rd

City

Quenemo

State

KS

Zip Code

66528-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA Financial Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.76

Date of Receipt

06 / 02 / 2014

Transaction ID : 37205739

Amount of Each Receipt this Period

291.76

Full Name (Last, First, Middle Initial)

B. Mr. Mike Taylor

Mailing Address 100 Pringle Ave, North Tower
Ste 550

City

Walnut Creek

State

CA

Zip Code

94596-7369

FEC ID number of contributing
federal political committee.

C

Name of Employer

InterWest Insurance Services, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 37205742

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Christopher W Powell

Mailing Address 2709 Silas Jackson Ct

City

Charlottesville

State

VA

Zip Code

22901-5631

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T - Barger Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2014

Transaction ID : 37205743

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1291.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David L Strohm

Mailing Address 10785 SW 83rd Terr.

City

Augusta

State

KS

Zip Code

67010-8142

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA of Kansas, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 37205744

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

B. Mr. Jim Crawford

Mailing Address 179 Fairfield Ave
Ste 1500

City

Bellevue

State

KY

Zip Code

41073-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crawford Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2014

Transaction ID : 37205745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Barone

Mailing Address 7865 El Paseo Grande

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intercare Insurance Services Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 37205746

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Shannon M Price

Mailing Address One Atlanta Plaza

950 East Paces Ferry Road NE

City State Zip Code
 Atlanta GA 30326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pritchard & Jerden, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205747

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey S Grace

Mailing Address 2025 N Clear Creek CT

City State Zip Code
 Wichita KS 67230

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA of Kansas, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205750

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Karen Vines

Mailing Address 1203 S. Linden

City State Zip Code
 Wichita KS 67207

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA of Kansas, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.76

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 37205752

Amount of Each Receipt this Period

291.76

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1591.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Spencer McClenahan

Mailing Address 5628 Richard Ave

City State Zip Code
 Dallas TX 75206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roach Howard Smith & Barton, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205754

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy R Alexander

Mailing Address 316 2nd Ave

City State Zip Code
 Waverly IA 50677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 37205758

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brad Cillian

Mailing Address 3355 Lake Gulch Rd

City State Zip Code
 Castle Rock CO 80104

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA Financial Group, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 37205764

Amount of Each Receipt this Period

58.38

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

558.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 13 OF 81
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Penny C Cook
 Mailing Address 179 Fairfield Ave
 Ste 1500

City	State	Zip Code
Bellevue	KY	41073-3410

FEC ID number of contributing federal political committee.

C

Name of Employer

Crawford Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : 37205765

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Margaret Hornbeck

Mailing Address 8200 E 32nd St N

City	State	Zip Code
Wichita	KS	67226-2606

FEC ID number of contributing federal political committee.

C

Name of Employer

IMA of Kansas, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2014

Transaction ID : 37205768

Amount of Each Receipt this Period

291.76

Full Name (Last, First, Middle Initial)

C. Mr. William F Sullivan

Mailing Address 2305 River Road

City	State	Zip Code
Louisville	KY	40206-1010

FEC ID number of contributing federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2014

Transaction ID : 37205769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Steve Crawford

Mailing Address PO Box 73125

179 Fairfield Avenue

City

Bellevue

State

KY

Zip Code

41073-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crawford Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37205770

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Crawford

Mailing Address 179 Fairfield Ave

Ste 1500

City

Bellevue

State

KY

Zip Code

41073-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crawford Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 37205771

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert B Murphy

Mailing Address 2361 Highway 36W

City

Saint Paul

State

MN

Zip Code

55113-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee F. Murphy Insurance Group (Assured

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 37205772

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Kathi Perryman

Mailing Address 1705 17th Street
Suite 100

City State Zip Code
Denver CO 80202

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 37205773

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael E Victorson

Mailing Address 349 Medinah St.

City State Zip Code
Oregon WI 53575

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208895

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mr. Dale E Van Dam

Mailing Address 1025 Timber Pass

City State Zip Code
Brookfield WI 53045

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208896

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

641.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Greg Hendricksen

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208898

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ms. Christine M Kenyon

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208899

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Mr. Ray Koenig

Mailing Address 3119 Vinburn Rd

City

Sun Prairie

State

WI

Zip Code

53590

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208900

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

341.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael J Moore

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : 37208901

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mr. James Yeager

Mailing Address 411 Coleman Road

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : 37208902

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mr. Gerald J Brown

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : 37208903

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Clougherty

Mailing Address 203 N 4th Street

City State Zip Code
Mt Horeb WI 53572

FEC ID number of contributing
federal political committee.

C

Name of Employer
M3 Insurance Solutions, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208904

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Ireland

Mailing Address 3113 W Beltline Hwy

City State Zip Code
Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
M3 Insurance Solutions, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208906

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Knatz

Mailing Address 1008 Freshir Ct.

City State Zip Code
Waunakee WI 53597

FEC ID number of contributing
federal political committee.

C

Name of Employer
M3 Insurance Solutions, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208907

Amount of Each Receipt this Period

41.68

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Sean LaBorde

Mailing Address 104 Autumn Circle

City State Zip Code
 Mt. Horeb WI 53572

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208908

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Bradley Niebuhr

Mailing Address 117 Pine View Drive

City State Zip Code
 Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208909

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ms. Diane M Wilkinson

Mailing Address 3113 W Beltline Hwy

City State Zip Code
 Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208912

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

166.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bill Julius Jr.

Mailing Address 3113 W Beltline Hwy

City State Zip Code
 Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : 37208914

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

B. Mr. John Preuss

Mailing Address 505 South 24th Avenue

City State Zip Code
 Wausau WI 54401-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : 37208918

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia Van Asten

Mailing Address 480 Pilgrim Way Ste 1230

City State Zip Code
 Green Bay WI 54304-5279

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : 37208919

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)..... ►

333.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John Healy

Mailing Address 2896 S. Seminole Hwy. Unit 11

City State Zip Code
 Madison WI 53711

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : 37208923

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Mr. Edward Rapee III

Mailing Address Riverwood Corporate Center, Buildi

City State Zip Code
 Waukesha WI 53188

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : 37208924

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mr. Matthew Boray

Mailing Address N72 W28925 Fishers Landing

City State Zip Code
 Hartland WI 53029

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : 37208926

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

229.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Scott Eckerty

Mailing Address 11654 Sabino Ct.

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International Midwest

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 37208932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard Twietmeyer

Mailing Address 9340 Fawn Lane

City State Zip Code
 Cedarburg WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208933

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

C. Ms. Mary Beth B Basel

Mailing Address 3113 W Beltline Hwy

City State Zip Code
 Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208936

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey Steckbauer

Mailing Address 505 S. 24th Avenue

City

Wausau

State

WI

Zip Code

54401-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208942

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Keith A Berry

Mailing Address Riverwood Corporate Center, Buildi

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208943

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew R Deininger

Mailing Address Riverwood Corporate Center, Buildi

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 37208944

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

225.01

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John M Weisinger

Mailing Address 3113 W Beltline Hwy
PO Box 8950

City Madison State WI Zip Code 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
M3 Insurance Solutions, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2014

Transaction ID : 37208947

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Kurt D Watson

Mailing Address 228 East Pine Meadow Court

City Andover State KS Zip Code 67002

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA of Kansas, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 37214688

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ms. Erin Syring

Mailing Address 51 Corporate Woods
9393 W. 110th Street, Suite 600

City Overland Park State KS Zip Code 66210

FEC ID number of contributing
federal political committee.

C

Name of Employer
IMA Financial Group

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 37214744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William E Brancovsky

Mailing Address 6253 S Applecross Rd

City State Zip Code
Highland Heights OH 44143-3730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 37221501

Amount of Each Receipt this Period

168.00

Full Name (Last, First, Middle Initial)

B. Mr. John W Chaney

Mailing Address 30032 Shadow Creek Dr

City State Zip Code
Westlake OH 44145-7802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 37221503

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

C. Mr. Kent S Brown

Mailing Address 2411 Lake Ridge Drive

City State Zip Code
Fort Wayne IN 46804-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 37221506

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

259.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark A Miller

Mailing Address 1091 Beacon Hill Dr

City

Dexter

State

MI

Zip Code

48130-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 37221507

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Catania

Mailing Address 5758 Williamsburg Cir

City

Hudson

State

OH

Zip Code

44236-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 37221508

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Crisan

Mailing Address 24 Frank Lloyd Wright Dr Ste J4100

City

Ann Arbor

State

MI

Zip Code

48105-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 37221510

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

284.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David Orloff

Mailing Address 46441 Shaker Blvd

City State Zip Code
 Beachwood OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 37221513

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Ms. Cynthia J Bowman

Mailing Address 1360 E 9th St
 Suite 600

City State Zip Code
 Cleveland OH 44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 37221514

Amount of Each Receipt this Period

960.00

Full Name (Last, First, Middle Initial)

C. Mr. Steffan J Moody

Mailing Address Oswald Centre
 1100 Superior Avenue, Suite 1500

City State Zip Code
 Cleveland OH 44114-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 37221516

Amount of Each Receipt this Period

333.36

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1413.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G DuBois

Mailing Address 10485 Penniman Drive

City State Zip Code
Chardon OH 44024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 37221520

Amount of Each Receipt this Period

355.52

Full Name (Last, First, Middle Initial)

B. Mr. Scott D Dillabaugh

Mailing Address 95 Ruskin Rd.

City State Zip Code
Amherst NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 37221523

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Mr. William F Fisher

Mailing Address 20771 Woodstock Avenue

City State Zip Code
Fairview Park OH 44126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 37221528

Amount of Each Receipt this Period

166.72

SUBTOTAL of Receipts This Page (optional)..... ►

564.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan Sadlier

Mailing Address 19910 Eldora Road

City State Zip Code
 Rocky River OH 44116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : 37221530

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall Perkins

Mailing Address 7025 Morningstar Ct. NE

City State Zip Code
 Albuquerque NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International Insurance Services,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : 37221533

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael D Lynch

Mailing Address 3033 N. Tee Time

City State Zip Code
 Wichita KS 67205-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA of Kansas, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : 37223898

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

670.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Kristi W Gjellum

Mailing Address 5980 W. Alamo Dr.

City State Zip Code
 Littleton CO 80123

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMA Financial Group, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : 37223907

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Ronald G Agypt

Mailing Address 9162 River Otter Dr

City State Zip Code
 Fort Myers FL 33912-8920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International Limited (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : 37223917

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Kirk P Christ

Mailing Address 1192 Chisolm Trail Dr

City State Zip Code
 Diamond Bar CA 91765-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International of California Insura

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : 37231021

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jose B Carrion

Mailing Address 255 Ponce de Leon Ave.
MCS Plaza, Suite 700

City San Juan State PR Zip Code 00917-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hub International Limited (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2014

Transaction ID : 37231022

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony P Burger

Mailing Address 1670 Winding Creek Circle

City Snellville State GA Zip Code 30078-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pritchard & Jerden, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37231440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence E Keefe

Mailing Address 43 Watch Hill Road

City Westerly State RI Zip Code 02891-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Starkweather & Shepley Insurance, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37231441

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brandon Darrah

Mailing Address 2620 Knob Hill Dr.

City State Zip Code
Dubuque IA 52003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37231442

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. James C Ward III

Mailing Address 1209 Nichol Lane

City State Zip Code
Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crichton Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37232551

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Ter

City State Zip Code
Colorado Springs CO 80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIA-Leavitt Insurance Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37246082

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Don G Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440

FEC ID number of contributing federal political committee.

C

Name of Employer

Archibald Insurance Center (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37246085

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. J. Martin Brayboy

Mailing Address 64 Whetstone Road

City Harwinton State CT Zip Code 06791-2211

FEC ID number of contributing federal political committee.

C

Name of Employer

Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2014

Transaction ID : 37251150

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dane O Leavitt

Mailing Address 242 S 200 W

City Cedar City State UT Zip Code 84720-3375

FEC ID number of contributing federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37251152

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Rodney B Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code
Las Vegas NV 89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37251153

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City State Zip Code
Hatch NM 87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group Southwest, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37251155

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City State Zip Code
Rocklin CA 95677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jenkins Insurance Group/Leavitt Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37251166

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John F Connell

Mailing Address PO Box 663

City State Zip Code
 Diablo CA 94528

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jenkins Insurance Group/Leavitt Group

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37251198

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mr. Ron Packouz

Mailing Address 2 Park Plaza
 Suite 500

City State Zip Code
 Irvine CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Woodruff-Sawyer & Co.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 37259961

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John J Ottavi

Mailing Address 2940 Spring Oaks Ct.

City State Zip Code
 Dubuque IA 52001-7506

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cottingham & Butler, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37271535

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

775.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Charles A Rosson

Mailing Address 3394 Santa Maria Court

City

Lafayette

State

CA

Zip Code

94549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37271536

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Link

Mailing Address 800 Main Street

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37271543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Lauri Floresca

Mailing Address 50 California Street

Floor 12

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37271545

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Johnson

Mailing Address 1201 Pacific Ave Ste 1000

City State Zip Code
Tacoma WA 98402-4321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Propel Insurance

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : 37271546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew D Gauen

Mailing Address 50 California Street
Floor 12

City State Zip Code
San Francisco CA 94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Woodruff-Sawyer & Company (HQ)

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : 37271547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. William White

Mailing Address 50 California Street
Floor 12

City State Zip Code
San Francisco CA 94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Woodruff-Sawyer & Company (HQ)

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : 37271548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Norman Meullen

Mailing Address 800 Main Street

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37271550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Greg B Milward

Mailing Address 1640 Ashwood Dr

City

Lexington

State

KY

Zip Code

40502-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Powell Walton Milward/J. Smith Lanier

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37272435

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Andy Barrengos

Mailing Address 50 California Street

Floor 12

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37272436

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Roy H Taylor

Mailing Address 1450 Ravenswood Ln

City State Zip Code
 Riverside CA 92506-5541

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hub International of California Insura

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014

Transaction ID : 37272437

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Priya Huskins

Mailing Address 545 Trinidad Lane

City State Zip Code
 Foster City CA 94404-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Woodruff-Sawyer & Company (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014

Transaction ID : 37272438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Matt Ferris

Mailing Address 4771 Colonel Dr.

City State Zip Code
 Dubuque IA 52002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cottingham & Butler, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014

Transaction ID : 37272440

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Chris Vogel

Mailing Address 11123 Woodview Dr

City

Dubuque

State

IA

Zip Code

52003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37272441

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jamie L Vaassen

Mailing Address 3649 Megan Dr
PO Box 125

City

Kieler

State

WI

Zip Code

53812-0125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37272442

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard V McKay III

Mailing Address 1051 Barbaralee Dr

City

Dubuque

State

IA

Zip Code

52003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37272443

Amount of Each Receipt this Period

500.00

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1500.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Phil Barnes

Mailing Address 1183 Cross Creek Dr

City State Zip Code
Franklin TN 37067-4035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Group (HQ), The

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2014

Transaction ID : 37273249

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William Ligon

Mailing Address 717 N Harwood St Ste 2500

City State Zip Code
Dallas TX 75201-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2014

Transaction ID : 37273251

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Carlin

Mailing Address 725 S. Figueroa
35th Floor

City State Zip Code
Los Angeles CA 90017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Insurance Brokers, LLC

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2014

Transaction ID : 37273252

Amount of Each Receipt this Period

750.00

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TOTAL This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Keith T Schuler

Mailing Address 3101 Willow Bend Dr

City State Zip Code
Chico CA 95973-8616

FEC ID number of contributing
federal political committee.

C

Name of Employer
InterWest Insurance Services, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 27 2014

Transaction ID : 37281697

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Frattarola

Mailing Address 17 State St
Floor 23

City State Zip Code
New York NY 10004-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Herbert L. Jamison & Co. LLC of NY

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 27 2014

Transaction ID : 37281698

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kelly Zullo

Mailing Address 2305 River Road

City State Zip Code
Louisville KY 40206-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assured Partners/Neace Lukens

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 27 2014

Transaction ID : 37281700

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jim Dyar

Mailing Address 9247 N. Meridian St.
Ste 300

City State Zip Code
Indianapolis IN 46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tobias Insurance Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : 37281704

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Chris Daves

Mailing Address 1 Fernandina Court

City State Zip Code
Columbia SC 29212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : 37281705

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Doug Creech

Mailing Address 2416 Sir Barton Way
Suite 300

City State Zip Code
Lexington KY 40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : 37281706

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Lloyd Stafford

Mailing Address 210 Malabu Dr.
Suite 200

City Lexington State KY Zip Code 40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assured Partners/Neace Lukens

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2014

Transaction ID : 37281707

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. George W Smith IV

Mailing Address 9 Covington Ln

City Olivette State MO Zip Code 63132-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHM Financial Group, LLC (Assured)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303257

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. David W Myer

Mailing Address 26856 Sentry Ln

City Westlake State OH Zip Code 44145-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303258

Amount of Each Receipt this Period

300.00

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900.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Brian P Pittner

Mailing Address 20116 Ellsworth Dr.

City State Zip Code
Strongsville OH 44149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303259

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael J Kmetz

Mailing Address 12700 Lakes Ave.
Apt. 1506

City State Zip Code
Lakewood OH 44107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank T Graetz

Mailing Address 303 Paddock Rd

City State Zip Code
Belleville IL 62223-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHM Financial Group, LLC (Assured)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303262

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bill Behan

Mailing Address 25548 Genesee Trail Road

City State Zip Code
Golden CO 80401-9366

FEC ID number of contributing
federal political committee.

C

Name of Employer

AirSure Ltd.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303263

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark N Coleman

Mailing Address 753 Glacier Pass

City State Zip Code
Westerville OH 43081-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies, Columbus

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis J Vogelsberger

Mailing Address 32573 Trailwood Court

City State Zip Code
Solon OH 44139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303265

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jeffery A Mentel

Mailing Address 218 Pullman Pl

City

Saint Louis

State

MO

Zip Code

63122-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHM Financial Group, LLC (Assured)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303266

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. James A Winterich

Mailing Address 30910 Walden Dr

City

Westlake

State

OH

Zip Code

44145-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303269

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Roger B Cote

Mailing Address 1414 NE 2nd Terrace

City

Cape Coral

State

FL

Zip Code

33909-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies, Cape Coral

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303273

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Nicholas G Rallo

Mailing Address 11975 Westline Industrial Drive

City State Zip Code
 St. Louis MO 63146

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHM Financial Group, LLC (Assured)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 06 / 26 / 2014

Transaction ID : 37303274

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Frances K Wesley

Mailing Address 323 Regatta Drive

City State Zip Code
 Avon Lake OH 44012-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 06 / 26 / 2014

Transaction ID : 37303275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary E Roadruck

Mailing Address 2752 Rapids Way

City State Zip Code
 Akron OH 44312-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 06 / 26 / 2014

Transaction ID : 37303276

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Fred Kloots Jr.

Mailing Address PO Box 9160

City

State

Zip Code

Canton

OH

44711-9160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leonard Insurance Services/AssuredPart

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303278

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Eugene W Bebout

Mailing Address 100 Executive Dr Ste 200

City

State

Zip Code

West Orange

NJ

07052-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Herbert L. Jamison & Co., LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Louis A Colagrossi

Mailing Address 12233 Moss Point Rd

City

State

Zip Code

Strongsville

OH

44136-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303281

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Richard S Canter

Mailing Address 123 Main St
14th Floor

City State Zip Code
White Plains NY 10601-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKCG Group, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303282

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. David Parker

Mailing Address 123 Main St Fl 14

City State Zip Code
White Plains NY 10601-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKCG Group, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303283

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew D Bevins

Mailing Address 12794 Aston Oaks Dr.

City State Zip Code
Fort Myers FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawson Companies, Cape Coral

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303286

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Eric E Anderson

Mailing Address 2305 River Rd.

City State Zip Code
Louisville KY 40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AssuredPartners Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303288

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred J Gross

Mailing Address 17400 Fowles Rd.

City State Zip Code
Middleburg Heights OH 44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303290

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Kathleen Cooke

Mailing Address 3607 W. 128th St.

City State Zip Code
Cleveland OH 44111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37303291

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bill Beal Jr.

Mailing Address 5494 Carriage Ln

City State Zip Code
Medina OH 44256-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303294

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Burtch

Mailing Address 1232 Crooked Tree Ct

City State Zip Code
Westerville OH 43081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303295

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert A Quicke

Mailing Address 4905 Dickens Road

City State Zip Code
Richmond VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer
TB&R Insurance (Assured Partners)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303296

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. W. R White

Mailing Address 19025 Little Creek Lane

City State Zip Code
 Rockville VA 23146

FEC ID number of contributing
federal political committee.

C

Name of Employer

TB&R Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : 37303297

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Robin S Clark

Mailing Address 1419 Winbury Dr.

City State Zip Code
 Midlothian VA 23114

FEC ID number of contributing
federal political committee.

C

Name of Employer

TB&R Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : 37303298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Rich Harkwell

Mailing Address 11975 Westline Industrial Drive

City State Zip Code
 St. Louis MO 63146

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHM Financial Group, LLC (Assured)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : 37303300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jerry Batt

Mailing Address 1340 Depot St
Suite 300

City State Zip Code
Rocky River OH 44116-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303301

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Charlie B Hoover Jr.

Mailing Address 3809 Computer Drive
Suite #100

City State Zip Code
Raleigh NC 27609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303305

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Herbert R Kupp Jr.

Mailing Address 2305 River Road

City State Zip Code
Louisville KY 40206-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assured Partners/Neace Lukens

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303306

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jonathon N Taylor

Mailing Address 3860 Faber Place Drive
Suite 400

City State Zip Code
North Charleston SC 29405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303307

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles C Remley

Mailing Address 5201 Johnson Dr Ste 500

City State Zip Code
Mission KS 66205-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schifman, Remley & Associates

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Bryan D Raisor

Mailing Address 2416 Sir Barton Way
Suite 300

City State Zip Code
Lexington KY 40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303310

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Wayne Willis

Mailing Address 2305 River Road

City

Louisville

State

KY

Zip Code

40206-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303311

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. S. C Freeman

Mailing Address 1945 Scottsville Road
Suite 100

City

Bowling Green

State

KY

Zip Code

41204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assured Partners/Neace Lukens

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sheila M Conley

Mailing Address 123 Main St
14th Floor

City

White Plains

State

NY

Zip Code

10601-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKCG Group, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303313

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 81
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gregory C Donnelly

Mailing Address 1340 Depot St
Suite 300

City State Zip Code
Rocky River OH 44116-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawson Companies

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303316

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. G. D Derr

Mailing Address 6651 Centerville Business Parkway

City State Zip Code
Dayton OH 45459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assured Partners/Neace Lukens

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303317

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Chase Butler

Mailing Address 11975 Westline Industrial Drive

City State Zip Code
St. Louis MO 63146

FEC ID number of contributing
federal political committee.

C

Name of Employer
AssuredPartners, Inc. (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303323

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark Fryer

Mailing Address PO Box 21627

City
Columbia

State Zip Code
SC 29221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assured Partners/Neace Lukens

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Kelsey

Mailing Address 3000 Meridian Boulevard

City
Franklin

State Zip Code
TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Assured Partners/Neace Lukens

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303328

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandra Penland

Mailing Address PO Box 21627

City
Columbia

State Zip Code
SC 29221

FEC ID number of contributing
federal political committee.

C

Name of Employer
AssuredPartners, Inc. (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303331

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William Schifman

Mailing Address 5201 Johnson Dr Ste 500

City State Zip Code
Mission KS 66205-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schifman, Remley & Associates

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303332

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Siegel Jr.

Mailing Address 613 Baltimore Drive

City State Zip Code
Wilkes-Barre PA 18702

FEC ID number of contributing
federal political committee.

C

Name of Employer
AssuredPartners, Inc. (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303333

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. John W Suber Jr.

Mailing Address 2202 N. Westshore Blvd
Suite 150

City State Zip Code
Tampa FL 33607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Insurance Agency (AssuredPartn

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : 37303335

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Richard K Martindale

Mailing Address 4244 Mt. Pleasant Street, NW
#200

City State Zip Code
North Canton OH 44720-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leonard Insurance Services/AssuredPart

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303338

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher E Seward

Mailing Address 4905 Dickens Road
Suite 200

City State Zip Code
Richmond VA 23230

FEC ID number of contributing
federal political committee.

C

Name of Employer

TB&R Insurance (Assured Partners)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303339

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd T Rohrer

Mailing Address 4244 Mt. Pleasant Street, NW
#200

City State Zip Code
North Canton OH 44720-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leonard Insurance Services/AssuredPart

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : 37303340

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Dane O Leavitt

Mailing Address 242 S 200 W

City

Cedar City

State

UT

Zip Code

84720-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37307469

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Rodney B Leavitt

Mailing Address 1970 Terra Vista Way

City

Las Vegas

State

NV

Zip Code

89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37307475

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Ter

City

Colorado Springs

State

CO

Zip Code

80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIA-Leavitt Insurance Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37307476

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City
Hatch

State
NM

Zip Code
87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group Southwest, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : 37307478

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Don G Archibald

Mailing Address 1171 South 5th West

City
Rexburg

State
ID

Zip Code
83440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Archibald Insurance Center (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : 37307503

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City
Rocklin

State
CA

Zip Code
95677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jenkins Insurance Group/Leavitt Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : 37307507

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John F Connell

Mailing Address PO Box 663

City State Zip Code
 Diablo CA 94528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jenkins Insurance Group/Leavitt Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37307575

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mr. David Wetzler

Mailing Address 5201 Johnson Dr Ste 500

City State Zip Code
 Mission KS 66205-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schifman, Remley & Associates

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 27 / 2014

Transaction ID : 37344142

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Thomas P Goedde

Mailing Address 11975 Westline Industrial Drive

City State Zip Code
 Saint Louis MO 63146-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHM Financial Group, LLC (Assured)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37344146

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Paul Vredenburg

Mailing Address 100 Pearl St.

City State Zip Code
Hartford CT 06103-4506

FEC ID number of contributing
federal political committee.

C

Name of Employer
AssuredPartners, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37344150

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy Larsen

Mailing Address 5201 Johnson Dr Ste 500

City State Zip Code
Mission KS 66205-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schifman, Remley & Associates

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37344151

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. James E Settles

Mailing Address 88 Rowland Way Ste 180

City State Zip Code
Novato CA 94945-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodruff-Sawyer & Co.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37344161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John Fasola

Mailing Address 1100 Superior Avenue E

City State Zip Code
 Cleveland OH 44114-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 37344463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

72504.25

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsh & McLennan Companies Inc PAC

Mailing Address 1166 Avenue of the Americas

City State Zip Code
 New York NY 10036-2774

FEC ID number of contributing
federal political committee.

C C00457234

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 19 2014

Transaction ID : 37344466

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 81
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City State Zip Code
 Anniston AL 36201

FEC ID number of contributing
federal political committee.

C C00367862

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 37344470

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

The Council of Insurance Agents & Brokers Political Action Committee

A. Authorize.Net



001

45.00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PayPal, Inc.

MM / DD / YYYY

001

924.97

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ANYBILL

001

2742.22

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

3712.19

3712.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. CMR PAC

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : 37231134

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Larson for CongressMailing Address 501 3rd St, NW
Ste. 200

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

011

Candidate Name

Category/
Type**John Larson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : 37231141

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Sean Eldridge For Congress

Mailing Address PO Box 4113

City	State	Zip Code
Kingston	NY	12402

Purpose of Disbursement

011

Candidate Name

Category/
Type**Sean Eldridge**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : 37269509

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The New Democrat Coalition PACMailing Address 607 14th Street
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

The New Democrat Coalition PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : 37269522

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Hoyer's Majority FUNDMailing Address 499 South Capitol Street, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : 37269524

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement

011

Candidate Name

Sean MaloneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : 37269525

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint	State MI	Zip Code 48501
---------------	-------------	-------------------

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dan Kildee

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 37269678

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Crowley for CongressMailing Address 50 E Street, SE
Suite 1

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Crowley

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 37269704

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Horsford For Congress

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas	State NV	Zip Code 89107
-------------------	-------------	-------------------

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steven A. Horsford

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 37269716

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. GOAL PAC

Mailing Address PO BOX 30344

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : 37269717

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JIM PACMailing Address 50 E Street, SE
Suite 1

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Category/
Type**JIM PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : 37269718

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Murph PACMailing Address 401 1st Street, SE
Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : 37269721

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bonamici For Congress

Mailing Address 3321 Se 20th Ave

City	State	Zip Code
Portland	OR	97202

Purpose of Disbursement

011

Candidate Name

Rep. Suzanne Bonamici

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : 37269722

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom Macarthur For Congress Inc.

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement

011

Candidate Name

Thomas Macarthur

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : 37269723

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Horsford For Congress

Mailing Address 6100 Elton Ave, Suite 1000

City	State	Zip Code
Las Vegas	NV	89107

Purpose of Disbursement

011

Candidate Name

Rep. Steven A. Horsford

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 37301160

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Blue Dog PACMailing Address 227 Massachusetts Avenue, NE
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

The Blue Dog PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 37301161

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement

Candidate Name

Sen. Marco RubioOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 37301162

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

Candidate Name

John CarneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014 ☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 37301163

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cain For Congress

Mailing Address P.O. Box 1523

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement

011

Candidate Name

Emily Cain

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : 37301164

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City	State	Zip Code
Anchorage	AK	99503

Purpose of Disbursement

011

Candidate Name

Sen. Mark P. Begich

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : 37301281

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement

011

Candidate Name

David Cicilline

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : 37301998

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement

011

Candidate Name

Kelly Ayotte

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : 37302039

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu, Inc.Mailing Address 700 13th Street Nw
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

011

Candidate Name

Sen. Mary L. Landrieu

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 37302040

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. The Reed Committee

Mailing Address 8529 West Oak Place

City	State	Zip Code
Vienna	VA	22182

Purpose of Disbursement

011

Candidate Name

John F. Reed

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: RI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 37302074

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement

011

Candidate Name

Mark Pocan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 37302075

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Perlmutter For CongressMailing Address 3440 Youngfield Street
#264

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement

011

Candidate Name

Rep. Edwin Perlmutter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 37302076

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Michelle

Mailing Address P.O. Box 25422

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement

011

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 37302077

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Bishop For Congress

Mailing Address PO Box 1148

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement

011

Candidate Name

Michael Bishop

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 37302078

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement

011

Candidate Name

Rep. Ron Kind

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 37302079

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Treasure State PAC

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : 37302080

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carl Demaio For Congress

Mailing Address PO Box 27227

City	State	Zip Code
San Diego	CA	92198

Purpose of Disbursement

011

Candidate Name

Carl Demaio

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 52

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 37302081

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Big Easy PACMailing Address 10 G Street, NE
Suite 470

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 37302082

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Fearless PAC

Mailing Address 1919 14th Street Suite 707

City	State	Zip Code
Boulder	CO	80302

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : 37302083

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Hurt For Congress

Mailing Address PO Box 8

City	State	Zip Code
Chatham	VA	24531

Purpose of Disbursement

011

Candidate Name

Robert Hurt

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 37302084

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cain For Congress

Mailing Address P.O. Box 1523

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement

011

Candidate Name

Emily Cain

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2014

Transaction ID : 37343622

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City	State	Zip Code
Tifton	GA	31793

Purpose of Disbursement

011

Candidate Name

Rep. Austin Scott

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2014

Transaction ID : 37343624

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Cochran

Mailing Address PO Box 7183

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement

011

Candidate Name

Sen. Thad Cochran

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: MS District: Runoff2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : 37343913

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

91500.00